

**FEC
 FORM 3**

**REPORT OF RECEIPTS
 AND DISBURSEMENTS**
 For An Authorized Committee

15 APR 15 PM 4:22

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

McConnell Senate Committee

ADDRESS (number and street) PO Box 1496

Check if different than previously reported. (ACC) Louisville KY 40201

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00193342

3. IS THIS REPORT NEW (N) OR AMENDED (A) KY 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on MM/DD/YYYY in the State of KY

(c) 30-Day POST-Election Report for the:

☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM/DD/YYYY in the State of KY

5. Covering Period MM/DD/YYYY through MM/DD/YYYY

10/16/2014 through 11/24/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer

Lisa Lisker

Date

04/15/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3
 (Revised 02/2003)